

LD8000115091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

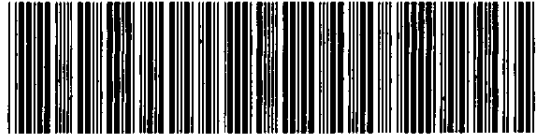
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 21 AM 11:35

G. MCLEOD

OCT 22 2009

EXAMINER

BIRD & SPARKMAN, P.L.
ATTORNEYS AT LAW
POST OFFICE BOX 247
MONTICELLO, FL 32345



T. Buckingham Bird, Esq.
165 East Dogwood Street
Monticello, Florida 32344
(E): tbbird@nettally.com

Paula M. Sparkman, Esq.
(P): 850-997-3503
(F): 850-997-7109

October 20, 2009

Florida Dept. of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to
Articles of Organization of
Bottom Line Answers, LLC

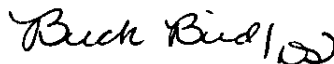
Dear Sir/Madam:

Enclosed please find an Articles of Amendment to Articles of Organization in regards to Bottom Line Answers, LLC, along with my check #5141 in the amount of \$30.00 to cover the filing fee. I have included an extra copy to be date stamped and returned to my office in the enclosed self-addressed, stamped envelope.

Thank you for your assistance in this matter.

Should you have any questions concerning the above, please contact me.

Very truly yours,



T. Buckingham Bird

TBB/ds

Enclosures as stated

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOTTOM LINE ANSWERS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula M. Sparkman

Name of Person

Bird & Sparkman, P.L.

Firm/Company

165 E. Dogwood Street

Address

Monticello, Florida 32344

City/State and Zip Code

psparkman@nettally.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula M. Sparkman

Name of Person

at (850) 997-3503

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOTTOM LINE ANSWERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 17, 2008 and assigned Florida document number L08000115091.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

L. GARY WRIGHT & ASSOCIATES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
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DIVISION OF CORPORATION
09 OCT 21 AM 11:35

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

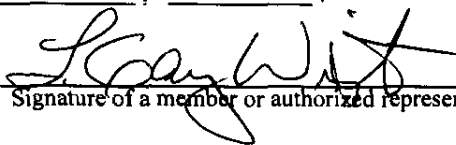
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee